

General

Title

Palliative care: mean score on the "Socio-Cultural Atmosphere" dimension on the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC).

Source(s)

Sandsdalen T, Rystedt I, Gr ndahl VA, Hov R, H ye S, Wilde-Larsson B. Patients' perceptions of palliative care: adaptation of the Quality from the Patient's Perspective instrument for use in palliative care, and description of patients' perceptions of care received. BMC Palliat Care. 2015 Nov 2;14:54.
[PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the mean scores on both the subjective importance (SI) and the perceived reality (PR) scales for the "Socio-Cultural Atmosphere" dimension on the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC).

The QPP-PC Instrument consists of 52 items including 4 dimensions with 12 factors (49 items) and 3 single items.

Patients answered each item in two ways. First, patients scored their opinions of the quality of actual care received, PR, related to the sentence "*This is what I experience...*" (e.g., personnel are respectful to me). Then patients scored the SI of care aspects, related to the sentence "*This is how important this is to me...*" (e.g., personnel are respectful to me). A four-point Likert scale, ranging from 1 (do not agree at all) to 4 (fully agree), was used for PR, and for SI from 1 (of little or no importance) to 4 (of the very highest importance). A non-applicable alternative was available for both responses.

The "Socio-Cultural Atmosphere" dimension includes the following five factors (16 items):

Meaningfulness

The personnel support and assist me in living the rest of my life in a meaningful way:

Doctors
Nurses
Other personnel

Spiritual and Existential

The personnel support and assist me in tending to my spiritual and existential needs:

Doctors
Nurses
Other personnel

Relatives and Friends

My relatives:

And friends are treated with respect
Receive the best possible help, support and care
May participate in decisions about my care, according to my preferences

Continuity

I usually receive help from the same:

Doctor
Nurse

My care is determined by my own requests and needs rather than staff procedures

Planning and Cooperation

There is good planning of my:

Medical care
Nursing care

The personnel cooperate well

All the health and welfare services that I receive are well coordinated

Rationale

The need to have knowledge and evaluate the quality of palliative care is recognized both internationally and in Norway (Ministry of Health and Care Services, 2015; Grande, 2009; World Health Organization [WHO], 2004). Patients' perceptions of their care may be seen as one aspect of quality of care (Donabedian, 1980; WHO, 2006) and is considered important for development and improvement of palliative care (Grande, 2009; WHO, 2004; WHO, 2006; Singer, Martin, & Kelner, 1999; Ministry of Health and Care Services, "Future care," 2013; Ministry of Health and Care Services, "High quality," 2013). To gain such knowledge, validated instruments are needed, which should be tested in different settings and on patients with different illnesses (Mularski et al., 2007; Unroe & Meier, 2013).

The advantage of using existing instruments to measure patients' perspectives of palliative care quality is that they have been developed within a palliative care context, including patients' views in the development process. The importance of instruments with a foundation of a theoretical model of care

quality that is based on patients' perspectives and conceptions of the area can be found in the literature (van Campen et al., 1995), and ensures the measurement of all important aspects of care quality from the patients' perspectives. However, there is a lack of instruments explicitly founded on a theoretical model of care quality from patients' perspectives.

The Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC) is based on a theoretical model of quality of care, and has its roots in patients' perspectives; this gives patients undergoing palliative care a voice when measuring and evaluating the quality of care. The advantage of the QPP-PC is that the instrument includes measures of both subjective importance and perceived reality of care. This is particularly valuable for guiding the improvement of palliative care at all levels.

Evidence for Rationale

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World Health Organization (WHO). Quality of care: a process for making strategic choices in health systems. Geneva (Switzerland): World Health Organization (WHO); 2006. 38 p.

World Health Organization (WHO). The solid facts: palliative care. Geneva (Switzerland): World Health

Primary Health Components

Palliative care; patient experience; socio-cultural atmosphere; meaningfulness; spiritual and existential needs; relatives and friends; continuity; planning and cooperation

Denominator Description

Total number of items completed by patients in the "Socio-Cultural Atmosphere" dimension on the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients' subjective importance (SI) and perceived reality (PR) responses to items in the "Socio-Cultural Atmosphere" dimension (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

One way of assessing whether the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC) is a reliable and valid instrument is to measure the QPP-PC according to the criteria stated by van Campen et al. (1995): instruments should (1) be based on a theoretical foundation, (2) contain a subscale representing different aspects of quality of care, (3) be tested for reliability and validity, and (4) be feasible in large populations. In the developers' opinion, the QPP-PC meets these criteria.

The items in the QPP-PC still reflect all four dimensions of the theoretical model of quality of care derived from patients' perspectives, on which the Quality from the Patient's Perspective Instrument (QPP) is based. Sitzia (1999) elaborated on the validity assessment of instruments by stating that studies should provide results for content validity comprising strategies for item generation and content testing. Items in the QPP-PC were developed based on the perspective of patients receiving palliative care, ensuring that the items developed are perceived as relevant for these patients. The pilot test showed good face and content validity; this was supported by high patients' scores on the subjective importance (SI) scale for each dimension, factor and single item (see Table 4 in the original measure documentation), which was also the case at the level of the items (not reported). Consequently, this supported the content validity of the instrument (Stizia, 1999).

The construct validity (Sitzia, 1999) was evaluated by performing an explorative factor analysis using

principal component analysis (PCA), which showed a stable 12-factor solution for the SI and perceived reality (PR) scales, with most items correlating strongly with the factors. Compared with the original QPP, three new factors appeared: "Exhaustion," "Continuity" and "Planning and Cooperation." Although "Exhaustion" appeared as a new factor, this aspect of care has been present as items in the Medical-Technical Competence (MT) dimension of the previous QPP instrument (personal communications with the author Wilde-Larsson). Previous research supports continuity, and planning and cooperation are important for patients who receive palliative care (Sandsdalen et al., 2015; Heyland et al., "Defining priorities," 2010; Murray et al., 2002) and should be included in measures in palliative care (Mularski et al., 2007). Compared to existing instruments measuring palliative care quality from patients' perspectives (Miyashita et al., 2014; Lo et al., 2009; Heyland et al., "The development and validation," 2010; Engelberg et al., 2010; Sulmasy et al., 2002). QPP-PC consists of similar aspects of care. However, to the developers' knowledge, previous instruments do not cover all these aspects of care in one single instrument.

Two items correlated with factors that differed from the original version of the QPP. The item about waiting times was previously described as a factor belonging to the MT dimension; however, in this study this item correlated with items in the factor "Access to Help, Food and Equipment," placed in the Physical-Technical Conditions (PT) dimension. The item about individualized care was previously described as a factor belonging to "Routines." In this study, this item correlated with items in the factor "Continuity." By developing new items and testing these in a new context, new constructs of items may appear that could partly explain the differences experienced in this study. With regard to continuity, it is reasonable to think that receiving help from the same doctors and nurses influences individualized care, and these items may therefore be expected to correlate. These findings need to be supported by further studies; the developers suggest that further validation of the instrument be obtained by confirmatory factor analysis.

Reliability (Sitzia, 1999) was assessed by Cronbach's α , and values were greater than 0.7 for most factors and dimensions on both the PR and the SI scales, indicating good internal consistency ("Exploratory factor analysis," 2014). This is in line with previous studies using the QPP in other contexts (Holter et al., 2014). However, the factor "Access to Help, Food and Equipment," in the PT dimension, and the factor "Continuity" showed α values less than 0.7. This α value for the PT dimension is in line with previous studies using the QPP in the context of hospital care (Wilde Larsson & Larsson, 2002; Grøndahl et al., 2011). The α values are sensitive to the number of items, and low numbers may lead to low α values, which could possibly explain the results (Field, 2013). The factors "Spiritual and Existential" and "Meaningfulness" gained high α levels, which may be explained by the items within both of these factors being the same questions asked by different healthcare personnel.

Evidence for Extent of Measure Testing

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Sitzia J. How valid and reliable are patient satisfaction data? An analysis of 195 studies. *Int J Qual Health Care*. 1999 Aug;11(4):319-28. [PubMed](#)

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State of Use of the Measure

State of Use

Pilot testing

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Home Care

Hospices

Skilled Nursing Facilities/Nursing Homes

Transition

Type of Care Coordination

Coordination across provider teams/sites

Coordination within a provider team/site

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Adults

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of items completed by patients in the "Socio-Cultural Atmosphere" dimension on the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC)

Eligible patients should be included in a palliative care service or, if not, there should be documentation in the patients' charts indicating that they are in a late palliative phase. In addition, eligible patients should be personally aware that they are in a palliative phase (having a life-threatening illness) and that they received palliative care (as judged by the responsible registered nurse [RN]).

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients' subjective importance (SI) and perceived reality (PR) responses to items in the "Socio-Cultural Atmosphere" dimension

Note:

Patients answered each item in two ways. First, patients scored their opinions of the quality of actual care received, PR, related to the sentence "*This is what I experience...*" (e.g., personnel are respectful to me). Then patients scored the SI of care aspects, related to the sentence "*This is how important this is to me...*" (e.g., personnel are respectful to me). A four-point Likert scale, ranging from 1 (do not agree at all) to 4 (fully agree), was used for PR, and for SI from 1 (of little or no importance) to 4 (of the very highest importance). A non-applicable alternative was available for both responses.

Since the Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC) was developed to measure the care quality in a number of different settings and for patients with several different illnesses, "not applicable" responses will always be present. For the QPP-PC dimensions and factors, a mean value is calculated based on the individual participant's response to the remaining items in the respective dimension or factor. When participants respond "not applicable" to an item, a mean of the remaining responses in the respective variable substitutes the "not applicable" response. Since the "not applicable" response is coded together with missing observations, any missing observation is also substituted by a mean of the remaining responses in the respective variable.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC)

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated based on the "Meaningfulness," "Spiritual and Existential," "Relatives and Friends," and "Continuity," and "Planning and Cooperation" factors within the "Socio-cultural Atmosphere"

dimension.

A mean value is calculated based on the individual patient's responses to the items in the respective factor.

Scoring

Composite/Scale

Mean/Median

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Socio-cultural atmosphere.

Measure Collection Name

Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC)

Submitter

Improveit Digital Solutions - For Profit Organization

Developer

Sandsdalen, Tuva, MNS, CCRN, RNT; Wilde-Larsson, Bodil, PhD, RNT - Independent Author(s)

Funding Source(s)

- Hedmark University College
- Lovisenberg Diakonale Hospital

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Financial Disclosures/Other Potential Conflicts of Interest

The authors declare that they have no competing interests.

Adaptation

The Quality from the Patient's Perspective Instrument Specific to Palliative Care (QPP-PC) was adapted from the QPP instrument for use in palliative care contexts.

Date of Most Current Version in NQMC

2015 Nov

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [BMC Palliative Care Web site](#) .

For more information, contact Improveit Digital Solutions, Stationsgatan 58, 30250 Halmstad, Sweden; Phone: + 46 35 22 70 50; E-mail: info@improveit.se; Web site: www.improveit.se/

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Companion Documents

The following is available:

Sandsdalen T, Grøndahl V, Hov R, Høye S, Rystedt I, Wilde-Larsson B. Patients' perceptions of palliative care quality in hospice inpatient care, hospice day care, palliative units in nursing homes, and home care: a cross-sectional study. BMC Palliat Care. 2016 Aug 24;15(1):79. Available from the [BMC Palliative Care Web site](#) .

NQMC Status

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Production

Source(s)

Sandsdalen T, Rystedt I, Grøndahl VA, Hov R, Høye S, Wilde-Larsson B. Patients' perceptions of palliative care: adaptation of the Quality from the Patient's Perspective instrument for use in palliative care, and description of patients' perceptions of care received. BMC Palliat Care. 2015 Nov 2;14:54. [PubMed](#)

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